

Partnership Agreement for Public Health Services

Date: [Insert Date]

To:

[Partner Organization Name]

[Partner Organization Address]

Dear [Partner Contact Name],

This letter serves as a formal partnership agreement between [Your Government Organization Name] and [Partner Organization Name] for the provision of public health services aimed at improving community health outcomes.

1. Purpose of the Partnership:

The purpose of this partnership is to collaborate on various public health initiatives including, but not limited to, [list specific initiatives or programs].

2. Roles and Responsibilities:

Each party agrees to take the following roles and responsibilities:

- [Your Government Organization Name] will provide [details of services or contributions].
- [Partner Organization Name] will provide [details of services or contributions].

3. Funding and Resources:

The funding required for the initiatives will be shared as follows:

- [Details of funding arrangements and responsibilities].

4. Duration of the Agreement:

This partnership is effective from [start date] to [end date], with the possibility of extension upon mutual agreement.

5. Evaluation and Reporting:

Both parties agree to conduct periodic evaluations and reporting on the effectiveness of the partnership initiatives.

We look forward to a fruitful collaboration that benefits our communities and promotes public health.

Sincerely,

[Your Name]

[Your Title]

[Your Government Organization Name]

[Your Contact Information]